

6. Providers may meet these standards by the following methods:

- A. \_\_\_\_\_ Education, including formal degree requirements specified in the provider qualifications for the service to be furnished.
- B. \_\_\_\_\_ Specific course(s), identified in the provider qualifications for the service to be furnished.
- C. \_\_\_\_\_ Documentation that the provider has completed the equivalent of the course(s) identified in item c.5.B, above.
- D. \_\_\_\_\_ Training provided by the Medicaid agency or its designee.

The Medicaid agency or its designee will also make this training available to unpaid providers of service.

\_\_\_\_\_ Yes \_\_\_\_\_ No

- E. \_\_\_\_\_ Appropriate experience (specified in the provider qualifications for the applicable service) which may substitute for the education and training requirements otherwise applicable.
- F. XXX The provider may demonstrate competence through satisfactory performance of the duties attendant upon the specified service. With regard to particular providers and particular services, the State may also choose to substitute satisfactory completion of a written or oral test. Test requirements are included in the provider requirements applicable to the specific service.

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d. PROVIDER REQUIREMENTS SPECIFIC TO EACH SERVICE

In addition to the licensure and certification standards cited in Appendix, the State will impose the following qualifications for the providers of each service -

SERVICE	MINIMUM QUALIFICATIONS OF PROVIDERS
HOMEMAKER	
HOME HEALTH AIDE	
PERSONAL CARE	The attendant must be 18 years of age or older; cannot be a: (1) spouse of the client, (2) parent of a client that is a minor, (3) person with a legal duty to support the client, (4) person already available to meet the needs of the client, or (5) person who is not competent, dependable, or capable of performing the work; attendant must be oriented to the services to be provided by an RN and/or meet other testing or license requirements that the State may require. New hires must pass a criminal background check.
ATTENDANT CARE	
NURSING CARE	
RESPITE CARE	
IN HOME	
FACILITY BASED	
FAMILY TRAINING	
ADULT DAY CARE	
DAY TREATMENT/PARTIAL HOSPITALIZATION	
PSYCHOSOCIAL REHABILITATION	
CLINIC SERVICES	
CHORE SERVICES	
HABILITATION GENERAL STANDARDS	
RESIDENTIAL HABILITATION	

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SERVICE	MINIMUM QUALIFICATIONS OF PROVIDERS
DAY HABILITATION	
ENVIRONMENTAL MODIFICATIONS	
TRANSPORTATION	
MEDICAL EQUIPMENT AND SUPPLIES	
PERS	
ADULT COMPANION	
ATTENDANT CARE	
PVT DUTY NURSING	

Identify the provider requirements applicable to the providers of each "other" service specified in Appendix C-1 on a separate sheet of paper. Attach the paper to this Appendix.

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APPENDIX D-1 ASSESSMENT

- a. The State will provide for a comprehensive functional assessment for a financially eligible individual who meets the targeting requirements set forth in item 3 of Supplement 2.
- b. This assessment will be provided at the request of the individual, or another person acting on the individual's behalf.
- c. The individual will not be charged a fee for this assessment.
- d. In order to ensure the performance of the assessment the State will follow the following procedures:
  1. The case manager will meet with the client and other appropriate parties to assess the needs of the individual, to determine the presence of functional disability according to the State's definition, and to develop a suggested ICCP.
  2. An RN employed by the certified personal care agency will collect and verify information about the client's medically related functional needs in relation to the case manager's ICCP. The RN forwards the information along with the case manager's ICCP to the State Agency RN.
  3. The State Agency RN verifies the individual's functional disability, medical need for service, medical appropriateness of the ICCP, and gives final approval to begin service. During this process the State Agency RN consults with the case manager as necessary.
- e. The assessment will be reviewed and revised not less often than (check one):
  1. XXX Every 12 months
  2. \_\_\_\_\_ Every 6 months
  3. \_\_\_\_\_ Other period not to exceed 12 months (Specify):  
\_\_\_\_\_

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- f. The assessment will be based on the uniform minimum data set specified by HCFA. In the case of a state using §1929(b)(2)(B), the assessment will be based on the State's process in place for its §1115 waiver which provided personal care for functionally disabled as of December 31, 1990 (refer to (g)(3) of this Appendix).
- g. Check one:
1. \_\_\_\_\_ The State will use the assessment instrument specified by HCFA.
  2. \_\_\_\_\_ The State will use a different assessment instrument than that specified by HCFA. A copy of this instrument is attached to this Appendix. The State certifies that this instrument is consistent with the minimum data set of core elements, common definitions, and utilization guidelines specified by HCFA. The State requests that HCFA approve the use of this instrument.
  3. XXX The State used a health insuring organization before January 1, 1986, and had in effect a waiver under §1115 of the Act, which provides personal care services under the State plan for functionally disabled individuals, and which was in effect on December 31, 1990. The State will use an assessment instrument that is consistent with the process, data set of core elements, common definitions, and utilization guidelines in place for its §1115 waiver which provided for personal care for functionally disabled as of December 31, 1990.
- h. In conducting the assessment (or the periodic review of the assessment), the interdisciplinary team must:
1. Identify in each such assessment or review each individual's functional disabilities; and
  2. Identify in each such assessment or review each individual's need for home and community care. This identification shall include:

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- A. Information about the individual's health status;
  - B. Information about the individual's home and community environment; and
  - C. Information about the individual's informal support system.
3. Determine whether the individual is, or continues to be, functionally disabled. This determination will be made on the basis of the assessment or review.
- i. The interdisciplinary team conducting the assessment shall furnish the results to the Medicaid agency and to the qualified community care case manager designated by the Medicaid agency (as specified in Appendix E) to establish, review and revise the individual's ICCP.
  - j. The Medicaid agency will monitor the appropriateness and accuracy of the assessments and periodic reviews on an ongoing basis, and whenever it is informed by a qualified community care case manager that inaccuracies appear to exist in the assessment of an individual. Through its monitoring, the State will ensure the appropriateness and accuracy of the assessments and periodic reviews. The State assures that all problems identified by this monitoring will be addressed in an appropriate and timely manner, consistent with the nature and severity of any deficiencies noted.

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APPENDIX D-2 INTERDISCIPLINARY TEAM

a. Initial assessments will be performed by interdisciplinary teams designated by the State. The agency will designate interdisciplinary teams that meet the following criteria (check all that apply):

1. XXX The interdisciplinary teams will be employed directly by the Medicaid agency.
2. \_\_\_\_\_ The interdisciplinary teams will be employed directly by other agencies of State government, under contract with the Medicaid agency.
3. \_\_\_\_\_ The interdisciplinary teams will be employed directly by agencies of local government under contract with the Medicaid agency.
4. \_\_\_\_\_ The interdisciplinary teams will be employed directly by nonpublic organizations which do not provide home and community care or nursing facility services and do not have a direct or indirect ownership or control interest in, or direct or indirect affiliation or relationship with, an entity that provides community care or nursing facility services.

Interdisciplinary teams may utilize data gathered by other professionals, and may consult with service providers in conducting comprehensive functional assessments.

When assessments are provided under contract with an agency or organization which is not part of the Medicaid agency, the Medicaid agency will specify, as part of the contract, that the contracting agency or organization may not subcontract with another entity for the performance of the assessments without the prior written approval of the Medicaid agency.

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b. Periodic reviews of assessments will be performed by interdisciplinary teams designated by the State. The agency will designate interdisciplinary teams that meet the following criteria (check all that apply):

1. XXX The interdisciplinary teams will be employed directly by the Medicaid agency.
2.        The interdisciplinary teams will be employed directly by other agencies of State government, under contract with the Medicaid agency.
3.        The interdisciplinary teams will be employed directly by agencies of local government under contract with the Medicaid agency.
4.        The interdisciplinary teams will be employed directly by nonpublic organizations which do not provide home and community care or nursing facility services and do not have a direct or indirect ownership or control interest in, or direct or indirect affiliation or relationship with, an entity that provides community care or nursing facility services.

Interdisciplinary teams may utilize data gathered by other professionals, and may consult with service providers in conducting periodic reviews of the individuals' comprehensive functional assessments.

When periodic reviews of assessments are provided under contract with an agency or organization which is not part of the Medicaid agency; the Medicaid agency will specify, as part of the contract, that the contracting agency or organization may not subcontract with another entity for the performance of the periodic reviews without the prior written approval of the Medicaid agency.

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c. The interdisciplinary teams conducting initial assessments shall consist, at a minimum, of (check all that apply):

1. XXX Registered nurse, licensed to practice in the State
2. \_\_\_\_\_ Licensed Practical or Vocational nurse, acting within the scope of practice under State law
3. \_\_\_\_\_ Physician (M.D. or D.O.), licensed to practice in the State
4. \_\_\_\_\_ Social Worker (qualifications attached to this Appendix)
5. XXX Case manager
6. \_\_\_\_\_ Other (specify): \_\_\_\_\_

d. The interdisciplinary teams conducting periodic reviews of assessments shall consist, at a minimum, of (check all that apply):

1. XXX Registered nurse, licensed to practice in the State
2. \_\_\_\_\_ Licensed Practical or Vocational nurse, acting within the scope of practice under State law
3. \_\_\_\_\_ Physician (M.D. or D.O.), licensed to practice in the State
4. \_\_\_\_\_ Social Worker (qualifications attached to this Appendix)
5. XXX Case manager
6. \_\_\_\_\_ Other (specify): \_\_\_\_\_

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APPENDIX E-1 INDIVIDUAL COMMUNITY CARE PLAN (ICCP)

- a. A written Individual Community Care Plan (ICCP) will be developed for each individual who has been determined, on the basis of a comprehensive functional assessment performed in accordance with Appendix D, to be a functionally disabled elderly individual, according to the criteria set forth in Appendices A and B.
- b. The ICCP will be established, and periodically reviewed and revised, by a Qualified Community Care Case Manager after a face to face interview with the individual or primary caregiver.
- c. The ICCP will be based on the most recent comprehensive functional assessment of the individual conducted according to Appendix D.
- d. The ICCP will specify, within the amount, duration and scope of service limitations set forth in Appendix C, the home and community care to be provided to such individual under the plan.
- e. The ICCP will indicate the individual 's preferences for the types and providers of services.
- f. The ICCP will specify home and community care and other services required by such individual. (Check one):
1. \_\_\_\_\_ Yes      2. XXX No
- g. The ICCP will designate the specific Medicaid vendor (who meets the qualifications specified in Appendix C-2[a] and whose providers meet the qualifications in Appendix C-2[d]) which will provide the home and community care. (Check one):
1. XXX Yes      2. \_\_\_\_\_ No
- h. Neither the ICCP, nor the State shall restrict the specific persons or individuals (who meet the requirements of Appendix C-2) who will provide the home and community care specified in the ICCP.

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